

APPENDIX G
APPLYING THE REALITIES OF CHILD DEVELOPMENT TO LEGAL
REPRESENTATION:
A QUICK REFERENCE FOR LAWYERS AND JUDGES

**Applying the Realities of Child Development to Legal Representation:
A Quick Reference for Lawyers and Judges**

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INTRODUCTION

Whether a legal matter involves a delinquency adjudication, an abuse and neglect investigation, or even a child custody dispute, determining whether a child is developing at a normal rate—physically, intellectually, and emotionally—is often¹ an important consideration in ascertaining the best method of vigorously and effectively representing a child client. It is also expected that an attorney will have neither the time nor the expertise to conduct an evaluation of the child client's development that is thorough enough to provide adequate information for effective representation. In many cases, this lack of time and expertise will not be an issue because the child client falls within a normal range of development; thus, developmental concerns would not be an impediment to representation. Often, however, the development of a child—physical, emotional, or otherwise—may play an important role in the case and thus inattention to developmental factors could impede the attorney's ability to represent the child adequately. These concerns apply equally to judges—whether sitting in family court

or in a court of general jurisdiction—when a pending case involves the interests of a child. It is therefore important for attorneys and judges alike to recog-

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nize when issues of child development arise that significantly impact a case, thus necessitating consultation and assessment by psychological professionals.

Before sketching the basic developmental milestones and important deviations, it is important to highlight the purpose of this article. This article is an attempt to provide attorneys and judges with a rudimentary understanding of developmental issues likely to arise in cases involving children. Consideration of a child's level of development is important because there are such significant "moral, cognitive, and social development" differences between adults and children.² These differences can affect a child's culpability in a delinquency matter; the degree of immediacy when considering the need for removal of a child from the home in an abuse and neglect case; and the appropriateness of any given placement in child custody litigation. The study of child development is by no means a novel or unexplored field, but rather it is a science that has been studied widely and thoroughly for many years.³ Thus, attorneys and judges should give serious consideration to child development issues and make certain to consider professional consultation and evaluation in cases where a child's development appears to deviate from the norm.

Keep in mind that this article is by no means an exhaustive undertaking. In fact, this article endeavors only to be a sort of summary of the summaries, a most pared down coverage of the issues aiming to raise awareness and provide a starting point for what should be a more comprehensive research and education effort by attorneys and judges involved in child-related legal issues. Thus, the information provided here can serve only as the initial reference in what will turn out in many cases to be a series of evaluations in an effort to locate the precise nature of a particular psychological or developmental problem.

I. The Initial Assessment by the Attorney:

A Guideline to Recognizing Basic Developmental Milestones

Because time and resources are at a premium in most cases involving a child's interest—again, most attorneys typically have neither the time nor the training to complete an effective battery of evaluative measures—there is a need for an abbreviated, easy-to-use method of evaluation. To that end, a summary of child developmental milestones and deviations from the norm may prove helpful. Several categories of development have been included here as an initial reference; however, the informa-

tion provided here is far from complete—it is intended only to suggest the types of developmental milestones children are expected to attain. It is important to keep in mind, therefore, that there often exists the need for *careful, intensive* interviews when deviations from the norm are discovered; this is particularly so when dealing with juvenile delinquency clients or children in abuse and neglect cases.⁴ Thus, it is recommended that any "positive" results in a "checklist" evaluation be followed up, preferably either through a complete evaluation, such as a *pro bono* or court-mandated assessment by a psychological/psychiatric professional.⁵

When assessing the child for deviations from normal development, consider the following techniques:

- Whenever possible, conduct interviews with the child client and parents, as well as others who may have additional information, such as teachers, day care providers, neighbors, parents of friends, close relatives, or even alleged abusers in abuse/neglect cases. Teachers and day care providers are especially important sources of information because they observe the child on a regular basis, have a large number of children

against which to compare development, and may be less likely to have an interest in minimizing concerns than parents or others who may fear blame for developmental problems.

- Ask questions⁶ and make observations about issues such as, but not limited to the following: prenatal medical care; motor skills, including mobility and physical coordination; medical problems (including untreated daily concerns such as regular headaches); school performance; relations with friends and family members; home environment (e.g., parental employment, parental physical or psychological problems, who and how many caregivers); hobbies and interests; general temperament (e.g., cranky, outgoing, calm, timid), mood or feelings; fears or worries; self-concept (e.g., what the child likes best and worst about herself, how the child views herself in relation to others); memories or fantasies; future goals; assessments or diagnoses by other professionals (including educational assessments at school or placement in special classes); and involvement with the legal system, protective services, or mental health agencies.⁷

- Pay special attention to signs such as aggressive antisocial actions, pervasive isolation, self-harm, precocious sexual activity, age-inappropriate problems with reality (e.g., hearing voices or paranoia), substance use, delayed language and physical development, low self-esteem, lack of trust, inept interpersonal relationships, learning difficulties, phobias, nightmares, and excessive clinging or avoidance of closeness.⁸

- Diligently collect and review records, such as medical, school, employment and mental health.

II. Important Milestones of Cognitive/Language and Social/Emotional Development⁹

Birth - 12 Months¹⁰

Cognitive/ Language¹¹

Imitation of adult expressions and repetition of unintentional actions leads to purposeful, causal behaviors; recognition of people, places, objects begins; object permanence (understanding that objects continue to exist when removed from sight) transitions to ability to find hidden objects (but only in the first place hidden); cooing and babbling followed by imitation of language sounds; development of commu-

nication of dependency, exploration, pleasure, anger, fear, and anxiety through nonverbal gestures (e.g., pointing, facial expressions).

Emotional/ Social¹²

Basic emotions apparent (happiness, anger, fear, surprise, sadness), focused first on internal needs (hunger) and later toward external cues (parental ability to make hungry child smile); emergence of fear of stranger and anxiety about separation from the primary caregiver; engagement and interactive relationship with caregivers and others, including intentional, social smiles and laughter (rather than spontaneous smiles caused by physiological factors such as gas); appears bonded/attached to primary caregivers; shows interest in exploring while looking to caregiver for support and encouragement (as a "secure base").

12 - 24 months

Cognitive/ Language

Shows interest in trial and error experimentation with objects and problem solving; looks in additional places when hidden object not found in first hiding place; able to find object moved when outside the child's field of vision; categorizes objects (e.g., cat, drinking cup); begins make-believe play; first words spoken,

with vocabulary gradually increasing to about 200 words.

Emotional/ Social

Begins playing with siblings and same age children; recognizes images of self; security and curiosity replace clinginess and apprehension about novel situations; signs of empathy, shame, and embarrassment emerge; recognizes age/sex categorizations and begins to choose toys based on gender stereotypes; compliance with requests leads to improved self-control; begins to organize opposing emotions in singular situations (e.g., when playing, "the doll is bad, gets spanked, and then is hugged").

Age 2

Cognitive/ Language

Recognition memory developed; able to take perspective of others in simple situations; cognizant of difference between inner mental and outer physical events; rapid vocabulary increase leads to understanding of simple sentences, ability to name many objects, and use of simple sentences following proper grammatical order; conversational abilities grow to include taking turns in dialogue and maintaining singular topic.

Social/ Emotional

Self-esteem begins to develop; understands intentional

versus unintentional behavior; cooperation emerges; understanding of causes and consequences of emotions begins to develop; ability to deal with anxiety through fantasy appears (e.g., thoughts that things will change for the better in the future); continued development of empathy and gender stereotyped behaviors and preferences; themes of "power" emerge (e.g., fear of monsters, desire to be a superhero).

Age 3-4

Cognitive/ Language

Begins to understand the concept of causation in relation to action; speaks to self to guide complex actions; understanding of fantasy and false belief emerges; able to speak in more complex sentences (e.g., using "but" and "because" to qualify or explain actions or events); counting and numerical skills begin to emerge; begins to grasp grammar rules and the existence of exceptions; able in many instances to adjust speech for age, sex, and social standing (e.g., parent/adult versus sibling) of the listener.

Social/ Emotional

Continued growth of self-consciousness (shame and pride) and ability to regulate emotions, including reactions to frustration; social interactions increase with corresponding decrease of iso-

lated play; emergence of "normal" levels of hostile physical and verbal aggression (occasional aggressive exchange between young children, even where the intention is to harm another child, so long as aggressive episodes are far outweighed by friendly interactions), as well as jealousy and envy; continued increase of gender-stereotypical preferences, including playmates; anxiety about being hurt of kidnapped is common, but child usually is able to recognize such thoughts as fantasy.

Age 5-6

Cognitive/ Language

Understanding of difference between reality and mere appearance improves; attention capacity enhanced; begins to understand basic phonics; vocabulary grows to approximately 10,000 words; shows complex grammar mastery; counting improves and expands to basic addition and subtraction.

Social/ Emotional

Increasing comprehension of intentions underlying actions of others; shows ability to predict and interpret and provoke actions and emotions of others; exhibits fears such as thunder and lightning, dark, bodily injury, loss of love, and the supernatural (e.g., ghosts); uses language to express empathy; understands moral basis of many rules and

behaviors; strong ability to regulate both concentration/attention and emotion tempered by continuing need for external support with such efforts; able to fear loss of self-esteem (e.g., "I am bad"); triangular patterns of relationships present (i.e., feeling left out or wanting to leave others out of situations).

Age 6-11

Cognitive/ Language

Logical thought improves but remains connected to concrete, rather than abstract situations; improved understanding of spatial concepts such as time, distance, and speed; ability to maintain attention and focus improves (and is very well established by age 8 or 9), thus enhancing understanding of the role of memory, attentiveness, and motivation to the successful performance of tasks; long-term memory and knowledge accumulation grows; rapid addition of vocabulary; complex grammar application steadily improves, especially around age 10 or 11 (e.g., "I did this because she said that, and she said that because something else happened that I did not see."); use of synonyms/ word categories and double word meanings present (e.g., metaphors and humor).

Social/ Emotional

Self-esteem becomes more realistic and gradually rises,

while understanding of personality traits of self and others grows; fears of the dark, thunder/lightening, bodily injury, loss of love, and the supernatural continue, with the last dissipating and being replaced by anxiety about shame in contests such as tests and grades in school and physical appearance; ability to differentiate between luck and skill emerges; able to grasp the need for effort, self control, and frustration tolerance in task performance; understands that individuals have different perspectives on events based on differing knowledge; concept of justice changes from equality to merit (ability to earn benefits) to benevolence (willingness to bestow benefit out of the goodness of one's heart); physical aggression declines as social interaction increases, leading to the formation of peer groups and a growing interest in "roles" (self-definition such as "I am a football player" or "I am good at this"); associates pride and guilt with personal responsibility (and experiences a growing fear of guilt); recognizes connection between morality and social norms but sense of morality remains unstable; begins to temper spontaneous curiosity with growing sense of order, including order necessary for appropriate interactions with others (e.g., playing games with rules); academic interests and personality traits become gender-stereotyped and focused on role models (adult stereotypes); by age 9 or 10, spe-

cial relationships with same sex parent is strong (parent used as a role model).

Age 11-14

Cognitive/ Language

Abstract/hypothetical thought emerges; self-consciousness continues to grow; critical and idealistic thought grow substantially; begins to consider long-term vocational goals based on present interests; abstract vocabulary appears; irony and sarcasm understood; understanding of the need to manipulate speech patterns and style based on individual situations grows.

Social/ Emotional

Parent-child conflict increases commensurate with moodiness and further transition from family social interaction to focus on peer involvement; intimacy and loyalty begin to define friendships; "membership" in cliques becomes more standard, with self-definition focused increasingly on reputation and stereotypes; need to conform to peer pressure is prominent.

Age 14-18

Cognitive/ Language

Problem solving increasingly based on complex rules of thought; abstract/hypothetical reasoning improves substantially; self-consciousness sub-

sides; planning and decision making enhanced; long-term vocation goals now based on abilities and values in addition to interests; verbal skills advanced to ability to comprehend adult literature.

Social/ Emotional

Search for a personal identity/self-definition commences; self-esteem continues to rise and differentiate with regards to different situations; growing understanding of the societal perspective and the importance of laws and rules to the maintenance of relationships and societal order; dating often begins.

III. Deviations from Normal Development

When considering whether a child has attained an age-appropriate level of development, the attorney or judge must look not only to the apparent indications of normal development, but also to certain reliable indicators of abnormal development. Factors associated with a deviation from normal development include negative life events, such as physical or sexual abuse; chronic stress caused by domestic violence or marital discord; parental psychopathology/mental illness, such as depression or substance abuse; and the availability of parental "resources," including friendships and extended

family relations.¹³ There exists a large number of possible psychological problems resulting from or appearing as deviation from normal development. Included here is a brief description of some of the more common problems (Attention Deficit-Hyperactivity Disorder; Conduct Disorder; Mood Disorders, such as Major Depression; and Anxiety Disorders) and some representative deviations from normal development.

1. Attention Deficit-Hyperactivity Disorder (ADHD)¹⁴

ADHD is often evidenced by some combination of the following signs:

- Persistent inattention to school work, tasks at home, or play;
- Failure to listen when spoken to directly;
- Disorganization, persistently losing things such as toys or school books, or forgetfulness;
- Easily distracted or excessive movement/restlessness that is not age-appropriate;¹⁵
- Excessive talking;
- Inability to await turn or participate in games or conversations without interrupting.

2. Conduct Disorder¹⁶

Conduct disorder holds a close relationship to juvenile de-

linquency and is evidenced in part by a repetitive and persistent pattern of behaviors, such as the following:

- Aggression toward people or animals, including physical cruelty or threats and intimidation;
- Deliberate destruction of property;
- Deceitfulness or theft;
- *Serious* violations of rules, such as curfews or school attendance.

3. Mood Disorders (including Major Depression and bipolar disorder)¹⁷

Signs of Major Depression¹⁸ include the following:

- Subjective reports of sadness or feelings of emptiness;
- (note that this factor is not necessary for children and adolescents because chronic irritability may be another manner in which they present depression);
- Objective observations by others of persistent tearfulness;
- Changes in weight, appetite, or sleep patterns;
- Fatigue or loss of energy/interest in activities;
- Reoccurring thoughts of death or self-harm.

4. Anxiety Disorders (including Generalized Anxiety and Obsessive-Compulsive Disorder)¹⁹

Certain deviations from normal development may indicate that the child suffers from a psychological problem that falls within the category of Anxiety Disorders. Such deviations include the following:

- Excessive anxiety concerning separation from the home or from caregivers;²⁰
- Excessive fear and avoidance of social situations;²¹
- Excessive concerns about performance or competence;²²
- Excessive generalized or specific fears or worry.²³

CONCLUSION

The possible impact of a child client's development on the outcome of a case cannot be overstated. Deviations from normal development can be either the cause or the effect of the subject matter of a particular case: the "delinquent" child's slow development may lead him to act in some way because he does not completely understand the consequences of his actions; abuse or neglect might result in some abnormality in development; a child's proper custodial placement may rely on the relative capacities of the contending caregivers to administer to a

child's need; the comparison of a child client's development with "normal" milestones may even assist a trier of fact in determining the damages at issue in tort litigation.

The importance of child development in so many areas of law suggests that attorneys, whether in a representative capacity or sitting on the bench, must be aware of the basic milestones and common deviations from those norms. Hopefully, this article not only will provide a bare bones reference for child development norms, but also will motivate the reader to pursue more comprehensive treatment of this subject matter elsewhere.

¹At least, it certainly should be.

²See Elizabeth S. Scott & Thomas Grisso, *The Evolutions of Adolescence: A Developmental Perspective on Juvenile Justice Reform*, 88 J. CRIM. L. & CRIMINOLOGY 137, 174 (1997).

³This is especially so with regards to the impact of developmental issues on older children and adults. There is, however, a continually growing focus on young child development, as well as a corresponding increase in interest in early diagnosis and intervention in cases of developmental deviance or disability. See Jan L. Culbertson & Diane J. Willis, *Introduction to Testing Young Children*, in TESTING YOUNG CHILDREN: A REF-

ERENCE GUIDE FOR DEVELOPMENTAL, PSYCHO-EDUCATIONAL, AND PSYCHOSOCIAL ASSESSMENTS 1 (Jan L. Culbertson & Diane J. Willis eds., 1993).

The Product of such study has been the emergence of two primary perspectives regarding the nature of child development. See Mary L. Perry & Cecil R. Reynolds, *Developmental Theory and Concerns in Personality and Social Assessment of Young Children*, in TESTING YOUNG CHILDREN: A REFERENCE GUIDE FOR DEVELOPMENTAL, PSYCHO-EDUCATIONAL, AND PSYCHOSOCIAL ASSESSMENTS 1 (Jan L. Culbertson & Diane J. Willis eds., 1993) (noting the conflicting concepts of continuous and discontinuous development); LAURA E. BERK, *INFANTS, CHILDREN AND ADOLESCENTS 6-7* (2d ed. 1996) (same). For a more in-depth but introductory level discussion of competing theories on child development, it is best to turn to one of the many texts on the subject. See, e.g., HELEN BEE, *THE DEVELOPING CHILD 3-27* (6th ed. 1992); BERK, *supra* note 3, at 2-32; HOWARD GARDNER, *DEVELOPMENTAL PSYCHOLOGY 493* (2d ed. 1982) (summarizing theory labels and directing to relevant portions of text); JEROME M. SATTLER, *ASSESSMENT OF CHILDREN 37-59* (3D ED. 1992). One perspective considers child development to be a discontinuous series of step-like changes in the child. These changes are often referred to as stages. See Perry & Reynolds, *supra* note 3, at 31-38 (discussing Jean Piaget's cognitive

development stages, Sigmund Freud's psychosexual stages, and Erik Erikson's psychosocial stages of ego development). The contrary foundational theory on development is that a child grows and matures in a continuous, "ever-evolving" manner. See Perry & Reynolds, *supra* note 3, at 38-41 (discussing Bandura and social learning theory, life-span perspectives, and interactional systems approach).

The primary categories of child development have been labeled variously as physical, motor skills/coordination, educational, intellectual, language, social, emotional, and moral. See Culbertson & Willis, *supra* note 3, at 7; See generally BERK, *supra* note 3. This article will focus on the combined areas of development known as cognitive/language and social/emotional. However, it is also worth taking some time to become acquainted with the physical and sensorimotor areas of development. See, e.g., STANLEY I. GREENSPAN, *THE CLINICAL INTERVIEW OF THE CHILD* 61-77 (2d ed. 1991); Nancy Bayley, *The Development of Motor Abilities During the First Three Years*, 1 MONOGRAPHS OF THE SOCIETY OF RESEARCH IN CHILD DEVELOPMENT (1935).

⁴For example, when preparing a delinquency defense, it is "vital when evaluating violent children... to obtain a comprehensive history of perinatal difficulties, accidents, injuries and illnesses." Pavlos Hatzitaskos et al., *The Documentation of Central Nervous System Injuries in Violent Offenders*, JUV. & FAM. CT. J. 29, 30 (1994).

⁵For an authoritative discussion of clinical assessment models and methods likely to be used by the psychological professional conducting a child client's psychological/developmental assessment, See SATTLER, *supra* note 3. See also MICHAEL J. BREEN & THOMAS S. ALTEPETER, *DISRUPTIVE BEHAVIOR DISORDERS IN CHILDREN* 65-163 (1990) (discussing questionnaires, measurement devices, observation techniques, and treatments for behavior disorders such as, attention deficit hyperactivity disorder, conduct disorder, and oppositional defiant disorder); TESTING YOUNG CHILDREN: A REFERENCE GUIDE FOR DEVELOPMENTAL, PSYCHOEDUCATIONAL, AND PSYCHOSOCIAL ASSESSMENTS 1 (Jan L. Culbertson & Diane J. Willis eds., 1993).

⁶Make certain to inquire about the past in addition to the current state of each category.

⁷See, e.g., BREEN & ALTEPETER, *supra* note 5, at 221-225; GREENSPAN, *supra* note 3, 229-230; SATTLER, *supra* note 3, at 418-19, 426-27, 440-41; Joel Nigg, What to Consider in a Child Assessment (March 1, 1997) (unpublished assessment guide, on file with authors).

⁸See Brandt F. Steele, *The Psychology of Child Abuse*, 17 WTR FAM. ADVOC. 19, 22 (1995).

⁹Consider also a thorough chart compiled by Dr. Greenspan illustrating age-appropriate physical functioning (neurological, sensory,

and motor), relationship patterns, emotional states, and affects/expressions for children ages birth through ten years. See GREENSPAN, *supra* note 3, at 61-77.

¹⁰For a more elaborate discussion of prenatal and infant development, See, for example, George W. Hynd & Margaret Semrud-Clikeman, *Developmental Considerations in Cognitive Assessment of Young Children*, in TESTING YOUNG CHILDREN: A REFERENCE GUIDE FOR DEVELOPMENTAL, PSYCHO-EDUCATIONAL, AND PSYCHOSOCIAL ASSESSMENTS 1 (Jan L. Culbertson & Diane J. Willis eds., 1993).

¹¹The information compiled in the cognitive/language section is a mere fraction of that found in a number of authoritative texts. See e.g., BEE, *supra* note 3, at 205-336; BERK, *supra* note 3, at 208-245, 312-351, 420-463, 546-581; GARDNER, *supra* note 3, at 67, 167; GREENSPAN, *supra* note 3, at 61-77.

¹²The information compiled in this list of emotional/social milestones is also a small, but representative portion of that found in a number of texts. See e.g., BERK, *supra* note 3, at 246-283, 352-393, 464-507, 582-623; BEE, *supra* note 3, at 337-488; GARDNER, *supra* note 3, at 462, 468, 523 (addressing, among other theories, Damon's authority and obedience recognition and Kohlberg's moral reasoning); GREENSPAN, *supra* note 3, at 61-77.

¹³See Perry & Reynolds, *supra* note 3, at 43-48.

¹⁴See AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 83-85 (4th ed. 1994) (hereinafter DSM-IV). ADHD is found in approximately three to five percent of school-age children. See *id.* at 82. For a discussion of the etiology and developmental course of attention deficit hyperactivity disorder, See BREEN & ALTEPETER, *supra* note 5, at 11-23.

¹⁵For example, it would be age-appropriate for a two year-old child to become restless or attempt to move around when asked to sit still for hours at a time.

¹⁶See DSM-IV, *supra* note 14, at 90-91. Conduct disorder is found in six to sixteen percent of boys and two to nine percent of girls. *Id.* For a discussion of the etiology and developmental course of conduct disorder, including associated aggression and delinquency, See BREEN & ALTEPETER, *supra* note 5, at 23, 33-37.

¹⁷Twenty to 35 percent of adolescents experience a mild level of depression, while twelve to fifteen percent become moderately depressed, and five percent endure a severe bout of depression. See BERK, *supra* note 2, at 610.

¹⁸See DSM-IV, *supra* note 14, at 327.

¹⁹Approximately twenty percent of children develop an extreme

anxiety. See BERK, *supra* note 2, at 496.

²⁰See DSM-IV, *supra* note 14, at 110.

²¹See DSM-IV, *supra* note 14, at 413.

²²See DSM-IV, *supra* note 14, at 434.

²³See DSM-IV, *supra* note 14, at 407, 435.

Related Readings:

Promoting Positive Relationships Between Parents and Young Children When There are Two Homes (1996) is a 43 page 5" x 8" pamphlet directed at divorcing parents of infants and toddlers. It should be read not only by divorcing parents but also by judges and friends of the court who need to be aware of the impact of their decisions on the well-being of very young children.

The content

- outlines the importance of relationships for the normal development of very young children
- indicates what parents need to provide for emotional growth at various ages
- makes suggestions about parenting when the child spends time in two homes
- describes what behavior is

characteristic of infant/toddlers at three ages (0-6 months, 7-18 months, and 19-36 months)

- provides guidelines for recommended length and frequency of contact at various ages

Three types of situations are outlined and recommendations made for each level and age:

- transitional situations where the child and/or parents are not prepared to handle typical shared parenting time, where there has been little previous contact, young children who are particularly sensitive to change, or parents who are experiencing difficulty with communication and teamwork
- typical readiness of most parents and children
- exceptional situations in which parental teamwork and child resilience are strong.

Overnights and contacts for more than 8 hours are not recommended for infants and toddlers under 18 months of age.

An appendix summarizes determination of custody and parenting time under the Child Custody Act and the role of the friend of the court. Selected readings for parents and for professionals are included.

Copies may be obtained for \$2 each from Children's Charter of the Court of Michigan, 324 N Pine Street, Lansing, MI 48933. Tel: (517) 482-7533.

Guidelines For Assessing Parenting Capabilities In Child Abuse And Neglect Cases (1985) is directed at court-ordered as-

sessments with respect to custody. Although relevant for any such assessment, the guidelines were developed with special reference to infants of parents with mental illness and mental impairment. Currently under revision, this 28 page 8" x 11" pamphlet covers court procedure, the needs of an infant and relevant parenting capabilities, and the

assessment process. The questions to be asked to determine risk to the infant are outlined and the criteria for recommending termination of parental rights stated. A checklist is provided.

Copies may be obtained for \$5 each from Michigan Association for Infant Mental Health, Kellogg Center #27, Michigan State University, East Lansing, MI 48824. Tel: (517) 432-3793.

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